



Senate

General Assembly

File No. 548

February Session, 2000

Substitute Senate Bill No. 346

Senate, April 12, 2000

The Committee on Appropriations reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

An Act Expanding Enrolment In The HUSKY Plan.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (22) of section 17b-290 of the general statutes
2 is repealed and the following is substituted in lieu thereof:

3 (22) "Qualified entity" means any entity, [(A)] including, but not
4 limited to, a school-based health center, that is eligible for payments
5 under a state plan approved under Medicaid and [which] that
6 provides medical services under the HUSKY Plan, Part A or is
7 authorized to determine eligibility of: [(i)] (A) A child to participate in
8 a Head Start program under the Head Start Act; [(ii)] (B) a child to
9 receive child care services for which financial assistance is provided
10 under the Child Care and Development Block Grant Act of 1990; or
11 [(iii)] (C) a child to receive assistance under WIC; [; and (B) that is
12 determined by the commissioner to be capable of making the
13 determinations specified in subparagraph (A) of this subdivision.] The
14 commissioner shall provide qualified entities with such forms as are

15 necessary for an application to be made on behalf of a child under the
16 HUSKY Plan, Part A and information on how to assist parents,
17 guardians and other persons in completing and filing such forms.

18 Sec. 2. Subsection (g) of section 17b-292 of the general statutes is
19 repealed and the following is substituted in lieu thereof:

20 (g) The commissioner shall implement presumptive eligibility for
21 children applying for Medicaid. Such presumptive eligibility
22 determinations shall be in accordance with applicable federal law and
23 regulations. The commissioner shall adopt regulations, in accordance
24 with chapter 54, to establish standards and procedures for the
25 designation of organizations, including, but not limited to, school-
26 based health centers, as qualified entities to grant presumptive
27 eligibility. In establishing such regulations, the commissioner shall
28 ensure the representation of state-wide and local organizations that
29 provide services to children of all ages in each region of the state.

30 Sec. 3. Subsection (h) of section 17b-292 of the general statutes is
31 repealed and the following is substituted in lieu thereof:

32 (h) The commissioner shall enter into a contract with an entity to be
33 a single point of entry servicer for applicants and enrollees under the
34 HUSKY Plan, Part A and Part B. The servicer shall jointly market both
35 Part A and Part B together as the HUSKY Plan. Such servicer shall
36 develop and implement public information and outreach activities
37 with community programs. Such servicer shall electronically transmit
38 data with respect to enrolment and disenrolment in the HUSKY Plan,
39 Part B to the commissioner who may transmit such data to the
40 Children's Health Council.

41 Sec. 4. Subsection (k) of section 17b-292 of the general statutes is
42 repealed and the following is substituted in lieu thereof:

43 (k) Not more than twelve months after the determination of

44 eligibility for benefits under the HUSKY Plan, Part A and Part B and
45 annually thereafter, the commissioner or the servicer, as the case may
46 be, shall determine if the child continues to be eligible for the plan. The
47 commissioner or the servicer shall mail [a] an application form to each
48 participant in the plan for the purposes of obtaining information to
49 make a determination on eligibility. To the extent permitted by federal
50 law, in determining eligibility for benefits under the HUSKY Plan, Part
51 A and Part B with respect to family income, the commissioner or the
52 servicer shall rely upon information provided in such form by the
53 participant unless the commissioner or the servicer has reason to
54 believe that such information is inaccurate or incomplete. To the extent
55 permitted by federal law, if the commissioner determines that a child
56 is no longer eligible for benefits under the HUSKY Plan, Part A, such
57 child shall remain eligible for such benefits until the servicer
58 determines eligibility for benefits under the HUSKY Plan, Part B. The
59 determination of eligibility shall be coordinated with health plan open
60 enrolment periods. The application form for determination of
61 eligibility shall be consistent with the form for enrolment in the
62 HUSKY Plan, but in no event shall a participant be requested to
63 provide information that duplicates information requested in an
64 application form for the temporary family assistance program or the
65 food stamp program.

66 Sec. 5. Section 17b-297 of the general statutes is repealed and the
67 following is substituted in lieu thereof:

68 (a) The commissioner, in consultation with the Children's Health
69 Council, the Medicaid Managed Care Council and Infoline of
70 Connecticut, shall develop mechanisms for outreach for the HUSKY
71 Plan, Part A and Part B, including, but not limited to, development of
72 mail-in applications and appropriate outreach materials through the
73 Department of Revenue Services, the Labor Department, the
74 Department of Social Services, the Department of Public Health, the
75 Department of Children and Families and the Office of Protection and

76 Advocacy for Persons with Disabilities.

77 (b) The commissioner shall include in such outreach efforts
78 information on the Medicaid program for the purpose of maximizing
79 enrolment of eligible children and the use of federal funds.

80 (c) The commissioner shall, within available appropriations,
81 contract with qualified entities authorized to grant presumptive
82 eligibility, severe need schools and community-based organizations for
83 purposes of public education, outreach and recruitment of eligible
84 children, including the distribution of applications and information
85 regarding enrolment in the HUSKY Plan, Part A and Part B. In
86 awarding such contracts, the commissioner shall consider the
87 marketing, outreach and recruitment efforts of organizations. The
88 commissioner shall, within available appropriations, contract with
89 community-based organizations to assist in completing applications
90 for enrolment in the HUSKY Plan, Part A and Part B. For the purposes
91 of this subsection, (1) "community-based organizations" shall include,
92 but not be limited to, day care centers, schools, school-based health
93 clinics, community-based diagnostic and treatment centers and
94 hospitals, and (2) "severe need school" means a school in which forty
95 per cent or more of the lunches served are served to students who are
96 eligible for free or reduced price lunches.

97 (d) All outreach materials shall be approved by the commissioner
98 pursuant to Subtitle J of Public Law 105-33.

99 (e) Not later than January 1, 1999, and annually thereafter, the
100 commissioner shall submit a report to the Governor and the General
101 Assembly on the implementation of and the results of the community-
102 based outreach program specified in subsections (a) to (c), inclusive, of
103 this section.

104 Sec. 6. Section 10-215 of the general statutes is repealed and the
105 following is substituted in lieu thereof:

106 Any local or regional board of education may establish and operate
 107 a school lunch program for public school children, may operate lunch
 108 services for its employees, may establish and operate a school
 109 breakfast program, as provided under federal laws governing said
 110 programs, or may establish and operate such other child feeding
 111 programs as it deems necessary. Charges for such lunches, breakfasts
 112 or other such feeding may be fixed by such [boards] board and shall
 113 not exceed the cost of food, wages and other expenses directly incurred
 114 in providing such services. When such services are offered, a board
 115 shall provide free lunches, breakfasts or other such feeding to children
 116 whose economic needs require such action under the standards
 117 promulgated by said federal laws. Any application for free lunches,
 118 breakfasts or other such feeding programs shall, within available
 119 appropriations, contain a box in which the applicant may place a check
 120 mark to indicate that such applicant wishes to obtain information
 121 concerning the HUSKY Plan, Part A and Part B. Such board is
 122 authorized to purchase equipment and supplies that are necessary, to
 123 employ the necessary personnel, to utilize the services of volunteers
 124 and to receive and expend any funds and receive and use any
 125 equipment and supplies which may become available to carry out the
 126 provisions of this section. Any town board of education may vote to
 127 designate any volunteer organization within the town to provide a
 128 school lunch program, school breakfast program or other child feeding
 129 program in accordance with the provisions of this section.

130 Sec. 7. This act shall take effect July 1, 2000, except that section 2
 131 shall take effect January 1, 2001.

Statement of Legislative Commissioners:

In section 1, in the second and third lines of subdivision (22), the word "that" was substituted for "which" for grammatical accuracy.

HS Committee Vote: Yea 18 Nay 0 JFS C/R APP

APP Committee Vote: Yea 50 Nay 0 JFS-LCO

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Potential Cost

Affected Agencies: Departments of Social Services, Education

Municipal Impact: None

Explanation**State Impact:**

This bill makes several efforts to expand enrolment in the HUSKY children's health insurance plan. First, the bill specifies that school based health centers can be entities that grant presumptive eligibility to the program. The bill also allows an individual enrolled in HUSKY A, whose income has increased over the eligibility standards, to remain in the program while a determination of eligibility for HUSKY B is made. This will allow a better continuity of service between the two programs. The bill also allows the Department of Social Services to contract with organizations to assist families with the application process and adds a check off box for HUSKY information on school feeding program application forms. It should be noted that towns generally use a form provided by the federal government for enrolment in school feeding programs. As such, the towns would not be able to alter the form for the addition of a check off box for the HUSKY program.

The various measures included in this bill may increase enrolment

and therefore increase the overall cost of the HUSKY program. However, enrolment has not reached the levels that have been budgeted for in the current biennium. Therefore, the funding included in both the House and Senate versions of the Appropriations Act should be adequate to cover any increased costs that may result from this bill.

OLR Bill Analysis

sSB 346

AN ACT EXPANDING ENROLMENT IN THE HUSKY PLAN.**SUMMARY:**

This bill:

1. expands required community outreach and enrollment efforts in the state children's health insurance program (known as the HUSKY Plan, Parts A and B);
2. requires the Department of Social Services (DSS) to adopt presumptive eligibility regulations;
3. simplifies eligibility redetermination procedures;
4. requires DSS to keep children who become ineligible for HUSKY A (Medicaid) enrolled until their HUSKY B eligibility has been determined, unless prohibited by federal law; and
5. requires electronic reporting to DSS of HUSKY B (non-Medicaid) enrollment and disenrollment data by the contractor who makes those decisions, and permits DSS to share this information with the Children's Health Council.

EFFECTIVE DATE: July 1, 2000, except the provision concerning DSS regulations takes effect January 1, 2001.

OUTREACH AND ENROLLMENT EFFORTS***Presumptive Eligibility Decisions***

The bill requires DSS to allow all "qualified entities" to make presumptive Medicaid eligibility decisions, rather than requiring the commissioner to first determine whether they are capable of making them. It also makes school-based health centers qualified entities.

Currently, qualified entities are (1) medical service providers participating in the Medicaid program (some of which are school-based health centers) and (2) those who decide children's eligibility for

the Women, Infants, and Children (WIC) special nutrition supplement, federally-subsidized child care, or Head Start programs. Current law's definition of "qualified entity" and its provision requiring DSS to determine an entity's capability to make eligibility determinations mirror provisions in Title XXI of the Social Security Act, the law that provides federal matching funds for state children's health insurance plans like HUSKY.

Presumptive eligibility is a procedure that allows qualified entities to make temporary Medicaid eligibility decisions based on information provided by a child's parent or guardian. Presumptively eligible children may receive Medicaid services immediately, and states can get federal matching funds for their costs. Under Title XXI, a child's presumptive eligibility period (and thus federal Medicaid reimbursement) ends the final day of the month after a qualified entity has made this initial determination. Parents or guardians are told they must submit complete applications on or before that date to qualify for continued Medicaid coverage.

By law, the DSS commissioner must permit qualified entities to make presumptive eligibility determinations in accordance with federal law. By regulation, she must establish standards and procedures to designate organizations as qualified entities. The agency has not yet promulgated these. The bill requires her to do so by January 1, 2001, and to include school based health center designations in the regulations.

School Meal Application Check-offs

The bill directs local or regional boards of education, within existing appropriations, to include in applications for school-based free lunch, breakfast, or other similar food assistance programs, a box that applicants can check if they want to get information about the HUSKY plan. (Most children eligible for these food programs have family incomes that make them eligible for HUSKY.)

Community-Based Service Contracts

The bill requires DSS, within available appropriations, to contract with community-based organizations to help people fill out HUSKY

applications. These organizations include day care centers, schools, school-based health clinics, and community-based diagnostic and treatment centers and hospitals. By law, she must already contract with them to provide public education and outreach, and to recruit eligible children.

SIMPLIFIED REDETERMINATION PROCEDURES

The bill requires DSS or its contractor to send application forms to people whose children's eligibility must be redetermined. It requires the annual redetermination application to be consistent with the initial application form, but specifies that it cannot ask for information that duplicates information requested in the Temporary Family Assistance (TFA or cash welfare) or Food Stamps program applications. It specifies that DSS or its eligibility contractor must rely on the family income amount indicated on the redetermination form unless it has reason to believe that it is inaccurate or incomplete.

BACKGROUND

Husky Plan

The HUSKY Plan provides comprehensive health insurance to uninsured children up to age 19. Children living in families with incomes of up to 185% of the federal poverty level, or \$26,178 for a three-person family, are covered under HUSKY A.

Uninsured children in families with higher incomes are covered under HUSKY B. Families with incomes of up to 300% of the federal poverty level, or \$42,450 for a three-person family, pay for part of their costs, with contribution amounts increasing with income. Those with incomes over 300% of the federal level pay full premium and copay charges.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute Change of Reference

Yea 18 Nay 0

Appropriations Committee

Joint Favorable Report

Yea 50 Nay 0